

CRESTWOOD FIRE DEPARTMENT

SUBMISSION OF DOCUMENTAION AND CREDENTIALS FOR EMPLOYMENT APPLICATION

I understand that I must provide COPIES of the following documentation and/or certifications with this application. Other relevant fire service certificates, such as Firefighter III, Hazardous Materials I or II, may be submitted with the application but are not required. If at any time any of the documentation is updated or if my credentials change, I must submit the new documentation or certifications as soon as possible. I further understand that failure to submit any of the following documentation and/or certifications with this application may result in my application no longer being considered by Crestwood Fire Department.

Valid Driver's License

Firefighter II or Basic Operations Firefighter certification

EMT – Paramedic Certification

Licensed from state of Illinois

Proof of passage of Candidate Physical Ability Test (CPAT)

With ladder certification

Copy of highest diploma attained

Social Security Card

One of the following:

- Birth certificate issued by the State Department, Form FS-545

- Birth certificate issued abroad by the State Department, Form DS-1350

- Original or certified copy of a birth certificate issued by a state, county, or municipal authority, bearing a seal

- Native American tribal documents

- US citizen identification card, INS Form 1-197

- Identification card for use of a resident citizen in the US, INS Form 1-179

CRESTWOOD FIRE DEPARTMENT

FIREFIGHTER/PARAMEDIC APPLICANT PERSONAL DATA QUESTIONNAIRE

INSTRUCTIONS: If writing space provided is inadequate, use the continuation sheet at the end of this application, or use a separate sheet of paper and identify additional information by question number. Use the term 'DNA' (does not apply) if the question does not apply. All fields must be filled out completely; no blanks are allowed. **Remember to attach a copy of each of the following:** CPAT, social security card, valid Driver's License, birth certificate, Basic Ops or Firefighter II, paramedic license, and highest diploma.

1. NAME (LAST) (FIRST) (MIDDLE)

2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED OR BEEN KNOWN BY (INCLUDING MAIDEN NAME, IF APPLICABLE)

3. HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE, COUNTY)

4. HOME PHONE

5. CELL PHONE

6. SOCIAL SECURITY NO.

7. DRIVER'S LICENSE NUMBER _____

8. DATE OF BIRTH _____ 9. PLACE OF BIRTH (CITY & STATE) _____ 10. SEX _____
MONTH DAY YEAR

11. HEIGHT _____ 12. WEIGHT _____ 13. AGE _____ 14. EYE COLOR _____ 15. HAIR COLOR _____
FT. IN.

16. ARE YOU () SINGLE () MARRIED () SEPARATED () WIDOWED () DIVORCED

17. ARE YOU A U.S. CITIZEN? () YES () NO
IF YES, ARE YOU () NATIVE BORN () NATURALIZED, GIVE DATE AND LOCATION: _____

18. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING (PARENTS AND SIBLINGS)

NAME	RELATIONSHIP	ADDRESS	OCCUPATION

19. DO YOU USE OR HAVE EVER USED ANY NARCOTICS OR BARBITUATES? () YES () NO
IF YES, GIVE FULL DETAILS _____

20. DO YOU USE ALCOHOL HABITUALLY OR HAVE YOU EVER USED? () YES () NO
IF YES, GIVE FULL DETAILS _____

21. HAVE YOU EVER SEEN A DOCTOR OR PSYCHIATRIST OR BEEN TREATED FOR A NERVOUS OR MENTAL DISORDER? () YES () NO IF YES, GIVE DOCTOR'S NAME, ADDRESS, AND DATE _____

22. DO YOU WEAR EYEGLASSES? () YES () NO 23. DO YOU WEAR CONTACT LENSES? () YES () NO

24. HAVE YOU EVER HAD ANY TYPE OF EPILEPTIC SEIZURE, BLACKOUT, OR FAINTING SPELL? () YES () NO
IF YES, EXPLAIN _____

25. CIRCLE HIGHEST GRADE COMPLETED: GED HIGH SCHOOL COLLEGE (YEARS COMPLETED? 1 2 3 4)
GRADUATE SCHOOL

LIST NAMES OF THE FOLLOWING SCHOOLS ATTENDED:
HIGH SCHOOL _____
COLLEGE _____
TRADE SCHOOL _____
COLLEGE DEGREES ATTAINED _____
MAJOR _____ MINOR _____

26. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE, INCLUDING SPECIAL TRAINING COURSES _____

27. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD _____

28. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS

FROM (MO. & YR.)	TO (MO. & YR.)	ADDRESS OF RESIDENCE	CITY & STATE

29. DO YOU KNOW OF ANY PHYSICAL CONDITION YOU MAY HAVE THAT WILL AFFECT YOUR ABILITY TO PERFORM STRENUOUS WORK? () YES () NO IF YES, EXPLAIN _____

30. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? () YES () NO
IF YES, WHAT BRANCH? _____

31. SERVICE SERIAL NO. _____ HIGHEST RANK HELD _____
RANK AT DISCHARGE _____

32. WHAT TYPE OF DISCHARGE DID YOU RECEIVE (BE EXACT)? _____

33. DO YOU OR HAVE YOU EVER RECEIVED A GOVERNMENT DISABILITY PENSION? () YES () NO
EXPLAIN _____

34. ARE YOU NOW, OR WERE YOU EVER, A MEMBER OF THE NATIONAL GUARD? () YES () NO
IF YES, WHAT STATE? _____ REGIMENT _____ UNIT _____ RANK _____
TYPE OF DISCHARGE _____ FROM _____ TO _____

35. HAVE YOU EVER BEEN CONVICTED OF A CRIME? () YES () NO
IF YES, EXPLAIN _____

DATE	POLICE AGENCY	CRIME CHARGED	DISPOSITION OF CASE

36. HAVE YOU EVER BEEN PLACED ON PROBATION FOR A CRIME? () YES () NO
IF YES, EXPLAIN _____

37. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST? () YES () NO
IF YES, EXPLAIN _____

AGENCY	DATE	PURPOSE

38. WERE YOU EVERY PLACED ON A CIVIL SERVICE LIST AND NOT HIRED? () YES () NO
IF YES, EXPLAIN _____

39. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? () YES () NO
IF YES, EXPLAIN _____

40. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, WITH YOUR PRESENT OR MOST RECENT JOB FIRST, AND INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE

1	EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	DATE (FROM-TO)	TITLE OR POSITION

	EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
2	EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	DATE (FROM-TO)	TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
3	EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	DATE (FROM-TO)	TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING
4	EMPLOYER'S NAME	ADDRESS	TYPE OF BUSINESS
	NAME & TITLE OF SUPERVISOR	DATE (FROM-TO)	TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE		REASON FOR LEAVING

41. FILL IN BELOW THE NAMES OF FOUR ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS.
 NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR

NAME	ADDRESS		PHONE
BUSINESS ADDRESS	OCCUPATION	WORK PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
NAME	ADDRESS		PHONE
BUSINESS ADDRESS	OCCUPATION	WORK PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?
NAME	ADDRESS		PHONE
BUSINESS ADDRESS	OCCUPATION	WORK PHONE	WHAT CAPACITY DO YOU KNOW THIS PERSON?

42. EXPLAIN YOUR REASON FOR WANTING TO JOIN THE CRESTWOOD FIRE DEPARTMENT _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

CONTINUATION OF ANSWER

SIGNATURE

DATE

CRESTWOOD FIRE DEPARTMENT

13840 SOUTH CICERO AVENUE
CRESTWOOD, IL 60418



Jon Bruce
Fire Chief

GENERAL RELEASE

I, _____, hereby authorize those parties to whom this document is presented, or their representative, to make full disclosure of any and all records, reports, documents, or information that would reflect favorably or unfavorably upon my application to the Fire Department of Crestwood, Illinois.

I further release from any liability any person or persons or office or institution so providing aforesaid information in connection with this pre-employment investigation.

I further agree that a photocopy/facsimile of this document shall have the same release authority as the original.

SIGNATURE: _____

DATE: _____

WITNESS: _____

cc.chief